## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10650193

| CLAIMS AŞ FILED - PART I (Column 1) (Column 2)  |  |   |                                       |                      |   |                  | SMALL EI  | OR                     | OTHER THAN OR SMALL ENTITY |                     |                        |
|---|--|---|---------------------------------------|----------------------|---|------------------|-----------|------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | 210                                   |                      |   |                  | RATE      | FEE                    | )<br>                      | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED                          |                      | NUMBER EXTRA                              |                  | BASIC FEE | <del> </del>           | OR                         | BASIC FEE           |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | Д (√) minus 20=                       |                      | * 192                                     |                  | X\$ 9=    |                        | OR                         | X\$18=              | 3456                   |
| INDEPENDENT CLAIMS  |  |   | ( ) minus 3 =                         |                      | * 14                                      |                  | X42=      |                        | OR                         | X84=                | 1176                   |
| MU  | LTIPLE DEPEN   | IDENT CLAIM PI                              | RESENT                                |                      |   |                  | +140=     |                        | OR                         | +280=               | ` '                    |
| * If  | the difference                                       | in column 1 is                              | less than zero, enter "0" in column 2 |                      |   | olumn 2          | TOTAL     |                        | OR                         | TOTAL               | 5382                   |
| CLAIMS AS AMENDED - PART II   |  |   |                                       |                      |   |                  |           |                        |                            | OTHER               | THAN                   |
|   |  | (Column 1)                                  |                                       | (Column 2)           |   | (Column 3)       | SMALL     |                        | OR .                       | SMALL               |                        |
| ENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                       | NUM<br>PREVIO        | MBER<br>OUSLY<br>FOR                      | PRESENT<br>EXTRA | RATE      | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | *   | Minus                                 | **                   |   | =                | X\$ 9=    |                        | OR                         | X\$18=              |                        |
| AME   | Independent  | * ENTATION OF MI                            | Minus                                 | ***                  | T CL AIM                                  | =                | X42=      |                        | OR                         | X84=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= |   |                                       |                      |   |                  |           |                        | OR                         | +280=               |                        |
| TOTA<br>ADDIT. FE   |  |   |                                       |                      |   |                  |           |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                       |                      |   |                  |           |                        |                            |                     |                        |
| ENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                       | NUM<br>PREVI         | HEST<br>MBER<br>IOUSLY<br>FOR             | PRESENT<br>EXTRA | RATE      | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | *   | Minus                                 | **                   |   | =                | X\$ 9=    |                        | OR                         | X\$18=              |                        |
| AME   | Independent  | *   | Minus                                 | ***                  |   | =                | X42=      |                        | OR                         | X84=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |   |                                       |                      |   |                  | +140=     |                        | OR                         | +280=               |                        |
|   | TOTAL  |   |                                       |                      |   |                  |           |                        | ام                         | TOTAL               |                        |
|   | ADDIT, FEE ADDIT, F                                  |   |                                       |                      |   |                  |           |                        |                            |                     |                        |
| AMENDMENT C   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                       | HIGH<br>NUM<br>PREVI | IMN 2)<br>HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA | RATE      | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDN   | Total  | *   | Minus                                 | **                   |   | =                | X\$ 9=    |                        | OR                         | X\$18=              |                        |
| AME   | Independent  | *   | Minus                                 | ***                  |   | =                | X42=      |                        | OR                         | X84=                |                        |
| Ľ   | PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |   |                                       |                      |   |                  |           |                        |                            |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                                       |                      |   |                  |           |                        | OR                         | +280=               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest numb r found in the appropriate box in column 1. |  |   |                                       |                      |   |                  |           |                        |                            |                     |                        |